## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/685,042	09/685.042 10/10/2000			obayashi	35.G2657	3110	
FITLE OF INVENTION: D	IFFRACTION OPTICAL D.	EVICE AND OPT	ICAL SYSTE	EM INCLUDING SAME			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	03/13/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
CHANG, AUDREY Y 2				359-566000			
☐ Change of correspond Address form PTO/SB/12  "Fee Address" indicate	e address or indication of "Follower address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use	Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Canon Kabushiki Kaisha				yo, Japan 01 fü:1 02 fü:0	1400.00 OP 15.00 OP		
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent): 🔲 Individual 🖎 (	Corporation or other private gr	oup entity Government	
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Advance Order - # of	Copies 5	,	The Dire Deposit According	ctor is hereby authorized by ount Number 06-1205	charge the required fee(s), or (enclose an extra c	copy of this form).	
a. Applicant claims SI	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	b. Applic	ant is no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
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